SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: IWL Riders	SERFF Tr Num: CEUL-127767594	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved	State Tr Num: 50109
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: CUL-IWL-CTR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird, Donna Lambert
	Author: Scott Gadd	Disposition Date: 11/02/2011
	Date Submitted: 10/26/2011	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date: 12/02/2011

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Our State of Domicile is Texas.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/02/2011
	State Status Changed: 11/02/2011
Deemer Date:	Created By: Scott Gadd
Submitted By: Scott Gadd	Corresponding Filing Tracking Number:

Filing Description:

We are filing additional forms to be used with our approved base policy CUL-IWL-2011-AR. The base policy was approved by the Department on 07/19/2011, SERFF tracking number CEUL-127284229. The new forms included in this filing are:

Riders:

CUL-IWL-CTR
CUL-IWL-LBR

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

CUL-IWL-WP

Additionally, we are replacing the application filed with the base policy with an updated version (form number CUL-IWL-APP-2011-1). We are also replacing the schedule page (page three of the policy) with an updated schedule page reflecting the additional riders available. This new schedule page will have the form number CUL-IWL-2011-PS 3.

We have included separate memorandums for the additional riders. The original memorandum for the base policy is not being replaced. This product follows the standards set forth by the NAIC. We appreciate the Department's time in reviewing our filing.

Company and Contact

Filing Contact Information

Scott Gadd, Compliance Technician
10700 Northwest Freeway
Houston, TX 77092

sgadd@manhattanlife.com
800-669-9030 [Phone] 5107 [Ext]
713-821-6551 [FAX]

Filing Company Information

Central United Life Insurance Company
Wortham Tower
2727 Allen Parkway
Suite 500
Houston, TX 77019-2100
(713) 529-0045 ext. [Phone]

CoCode: 61883
Group Code: 117
Group Name:
FEIN Number: 42-0884060

State of Domicile: Arkansas
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$200.00
Retaliatory?	No
Fee Explanation:	This products are exempt in our State of Domicile, Texas. Texas, charges $50 per exempt form. This filing contains 4 forms, totaling $200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	$200.00	10/26/2011	53216302

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/02/2011	11/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Updated Policy Schedule	Scott Gadd	10/26/2011	10/26/2011

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 11/02/2011
Implementation Date: 12/02/2011
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Life & Annuity - Acturial Memo	Approved	No
Supporting Document	Disclosure Notice	Approved	Yes
Supporting Document	Updated Policy Schedule	Approved	Yes
Form	Application for Life Insurance	Approved	Yes
Form	Children’s Term Rider	Approved	Yes
Form	Accelerated Death Benefit Rider	Approved	Yes
Form	Unemployment Waiver of Premium Rider	Approved	Yes

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Amendment Letter

Submitted Date: 10/26/2011

Comments:

I forgot to attach the Update Policy Schedule. It is located under Supporting Documentation. Please forgive the lack of oversight.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Updated Policy Schedule

Comment:

CUL-IWL-2011-PS 3.pdf

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number: CUL-IWL-CTR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/02/2011	CUL-IWL-APP-2011-1	Application/ Enrollment Form	Application for Life Insurance	Revised	Replaced Form #: CUL-IWL-APP-2011 Previous Filing #: CEUL-127284229	52.200	CUL-IWL-APP-2011-1.pdf
Approved 11/02/2011	CUL-IWL-CTR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Children's Term Rider	Initial		68.800	CUL-IWL-CTR.pdf
Approved 11/02/2011	CUL-IWL-LBR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accelerated Death Benefit Rider	Initial		68.100	CUL-IWL-LBR.pdf
Approved 11/02/2011	CUL-IWL-WP	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorseme	Unemployment Waiver of Premium Rider	Initial		60.800	CUL-IWL-WP.pdf

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

nt or Rider

CENTRAL UNITED LIFE INSURANCE COMPANY

APPLICATION FOR LIFE INSURANCE

Please Print

1. PRIMARY APPLICANT/OWNER INFORMATION

Applicant first name middle initial last name	Social security number	❒ male ❒ female	Date of birth	Birth state

Address (street, city, state, zip)	Telephone number (home): (work):	Height	Weight

Name and address of employer	Occupation	Employee Number

Owner name and address (if different than applicant)	Relationship to applicant

2. DEPENDENT COVERAGE

Spouse Full Name	Social Security #	Date of Birth	Birth State	Height	Weight

Name of Child(ren) (if applying for Children's Policy or Term Rider)	Social Security #	Date of Birth	Height & weight	Name of Child(ren)	Social Security #	Date of Birth	Height & weight
1.				4.			
2.				5.			
3.				6.			

3. TOBACCO USE

Within the last 12 months, has any person to be insured used tobacco in any form (cigarettes, pipe, cigar, chewed, other)? ❒Yes ❒No
If "Yes," list name (s) _____

4. COVERAGE OPTIONS

Life Insurance Benefits	Modal Premium Amount	Initial Benefit Amount	Optional Riders Primary Ins. Only	Premiums
❒Primary	❒ Monthly Rates $_____	$_____	[❒ Accelerated Death Benefit]	[❒Continuous Pay ❒20 Year Pay]
❒Spouse	❒ Monthly Rates $_____	$_____	[❒ Premium Waiver]	**TOTAL PREMIUM** $_____
❒Child(ren's) Policy	❒ Monthly Rates $_____	[❒$10,000 ❒$20,000]	[❒ Child(ren's) Rider ($10,000)]	Proposed Effective Date _____ /_____/ _____

AUTOMATIC PREMIUM LOAN ❒Yes ❒No (The APL Option authorizes Central United Life (the "Company") to pay premiums not paid by the end of the grace period by taking a loan against any available Loan Value. If the available Loan Value is not sufficient to pay the premium then due, the policy may terminate.)

5. EXISTING INSURANCE REPLACEMENT

A. Do any of the applicants have any life insurance contracts in force including any they may currently have with us? . . . . . ❒ Yes ❒ No
If "Yes", then provide name of company, type of policy and face amount:_____
B. Is the policy being purchased replacing any existing life insurance policy? . . . . . ❒ Yes ❒ No
If "Yes", replacement forms may need to be completed.

6. BENEFICIARY DESIGNATION

_____ _____
Beneficiary – Full Name & Relationship Contingent Beneficiary – Full Name and Relationship
Note: If dependent coverage is applied for, the primary applicant will be the primary beneficiary for all covered dependents.

7. INTERIM COVERAGE

Is interim coverage being applied for? ❒ Yes ❒ No If "Yes," effective immediately, interim coverage will be provided as applied for either until the date the policy becomes effective, or until the owner is notified that no insurance policy will be issued. Interim coverage applies to the death benefit only. In no event will interim coverage be provided for more than 60 days from the date of this Application. Interim benefit will not exceed the Guaranteed to Issue Amount.

8. ANSWER THE FOLLOWING QUESITONS

A. 1. **Primary Applicant Only.** Are you actively at work now and have you worked at least 30 hours a week for the last 3 months except for minor illnesses of one week or less or pregnancy?. . .❒ Yes ❒ No
2. **Spouse/Child(ren) Only.** Has any illness, injury or other health problem prevented any proposed Insured from working full-time at a regular occupation or performing the normal activities of a person the same age? . . . . . ❒ Yes ❒ No

B. Has any person to be insured ever been treated for, diagnosed, or tested positive as having AIDS, ARC, or the HIV infliction? Primary: ❒Yes ❒No
Spouse: ❒Yes ❒No
Child(ren): ❒Yes ❒No

9. IF ANY QUESTION IS ANSWERED "YES," GIVE COMPLETE DETAILS BELOW

		Primary	Spouse/ Child(ren)
A.	Has any person proposed for coverage ever had symptoms of, been treated or advised to receive treatment for, been hospitalized for, had any investigation for, or been positively diagnosed as having any of the following:		
1.	any heart disease, heart surgery, heart attack, chest pain or angina, pacemaker implanted, heart rhythm. disorder, heart valve disease or surgery, blood vessel disease or surgery, stroke, Transient Ischemic Attack, blood clots, or high blood pressure?. . . .	❒ Yes ❒ No	❒ Yes ❒ No
2.	any Internal cancer, melanoma, leukemia, or lymphoma?.	❒ Yes ❒ No	❒ Yes ❒ No
3.	emphysema, chronic bronchitis, tuberculosis, sleep apnea, asthma or lung disorders causing a decrease in normal activity?. . . .	❒ Yes ❒ No	❒ Yes ❒ No
4.	abnormal bleeding including that of the intestinal or urinary tract, anemia, kidney disease or renal failure, liver disease, hepatitis, pancreatic disease, or diabetes other than gestational diabetes?.	❒ Yes ❒ No	❒ Yes ❒ No
5.	systematic diseases including but not limited to lupus, Multiple Sclerosis, Parkinson's disease, sarcoidosis, paralysis, rheumatoid arthritis, autoimmune or connective tissue disease or disorder?.	❒ Yes ❒ No	❒ Yes ❒ No
6.	mental illness, including depression or anxiety requiring inpatient treatment or hospitalization, bipolar disorder, or history of suicide attempt?	❒ Yes ❒ No	❒ Yes ❒ No
7.	received or had treatment for drug or alcohol abuse or have used illegal drugs within the last 5 years?.	❒ Yes ❒ No	❒ Yes ❒ No
8.	been advised to have any surgery, hospitalization, or diagnostic tests which have not been completed or results have not yet been received?	❒ Yes ❒ No	❒ Yes ❒ No
B.	Have you ever applied for a life insurance policy which was declined?	❒ Yes ❒ No	❒ Yes ❒ No

Question #	Person to Whom It Applies	Names and Address of Physicians	Details of "Yes" answer including date & treatment received

Additional Information

10. APPLICATION CONSENT

I have read, or had read to me, the above questions and my answers to them. To the best of my knowledge and belief, my answers are complete, true and correct. **I UNDERSTAND** the Central United Life Insurance Company (CUL), its reinsurers, insurance support organizations, and their authorized representatives, may obtain medical and other information in order to evaluate my Application for insurance. Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, MIB, Inc., my employer and consumer reporting agency or insurance company who possesses information of care, treatment or advice of me, may furnish such information to CUL or its reinsurers upon presenting this authorization or a photocopy. This information will not be released to others except as allowed by law or as I further authorize**. I UNDERSTAND** this authorization includes information about drugs, alcoholism or mental illness. CUL or its reinsurers may make a brief report regarding me to other companies to which I have applied or may apply. **I UNDERSTAND** that the insurance will become effective on the date the Application is approved by CUL or the date elected in section 4. I have read the signature information and understand that my personal representative or I may receive a copy. This authorization will be valid from the date signed for a period of two years. **I AGREE** that a photographic copy of this Authorization shall be as valid as the original, and that this Authorization shall be valid for two years from the date shown below and maybe revoked at anytime. Revocation of the authorization must be submitted in writing**. I AGREE** that all answers given in this application are complete and true to the best of my knowledge and belief. **I ACKNOWLEDGE** receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.
AGREEMENT: No insurance will take effect unless and until: the policy is issued and delivered to the owner(s), the first premium has been paid to and accepted by CUL, and there has been no change in the insurability of the Proposed Insured since the date of this application. If this application is declined, any premiums received by CUL will be refunded. No Agent or Broker is authorized to make or modify any policy or waive any of CUL's rights or requirements or waive the answer to any question in the Application.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a criminal offense under state law.

Dated at _____this _____day of _____, _____
City and State

_____ _____
Primary Applicant's Signature Spouse's Signature (if applying for coverage)

_____ _____
Owner's Signature (if other than Primary Applicant) Owner's Signature (if other than Spouse)

11. AGENT CERTIFICATION

To the best of your knowledge, will the insurance applied for replace existing annuity or life insurance in any company(s)?
❒ Yes ❒ No If a replacement(s), and if state regulations require it, have you performed the following:
a. Given Notice to Applicant Regarding Replacement of Life Insurance? . . . . ❒ Yes ❒ No
b. Completed all replacements forms, if required in your state? . . . . . ❒ Yes ❒ No
c. Have you complied with state regulations on disclosure? . . . . . ❒ Yes ❒ No
All information recorded by me on this application is true and accurate to the best of my knowledge.

_____ _____
Agent Signature (witness) Agent Number

Application Split
Agent No./Name/Case%

_____
_____
_____
Special Request:

Notice of Information Practices Including Fair Credit Reporting Act Notice and MIB, Inc. Notice: Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Administrative Office at the above address. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We will not disclose information about you without your prior written authorization except as permitted by law. In certain situations we may disclose, as allowed by law, all types of nonpublic personal information as is necessary in order to conduct our business. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Administrative Office at the address on the front of this Notice.

MIB, Inc. Notice: While the information regarding your insurability is treated as confidential, The Manhattan Life Insurance Company or its reinsurers may make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, The MIB, upon request from that member company, will supply the information in its file. Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642 for hearing impaired). If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112. We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

To obtain further information contact: Central United Life Insurance Company [10700 Northwest Freeway, Houston TX 77092]

CENTRAL UNITED LIFE INSURANCE COMPANY

A Stock Company

Administrative Office: [10700 Northwest Freeway
Houston, Texas 77092]
Customer Service: [800-669-9030]

CHILDREN'S TERM RIDER

Throughout this Rider, the term "Child" shall include Children whenever more than one Child is covered by the Rider. When we use the term "We" or "Us" or "Our," we mean Central United Life Insurance Company. When we use the term "You" or "Your," we mean the Owner. When we use the term "Insured," we mean the Insured named on the Policy Specifications page. The Owner may or may not be the Insured.

I. BENEFIT

While this Policy and Rider are in force, and upon receipt of due proof of the death of a Covered Child, We will pay to the beneficiary the Death Benefit shown on the Policy Specifications page.

II. DEFINITION OF COVERED CHILD

For purposes of this Rider, Covered Child is defined as a child named in the Application or born to the Insured or legally adopted after the date of the Application. A child must be at least 14 days old but less than 18 years old on or before the effective date of the Rider to be eligible for coverage.

After the issue date of this Rider, coverage is automatically provided on children meeting the above requirements. To add a child after the Date of Issue, you must submit written notification to us within 31 days of either (1) the birth of the child, or (2) date of placement for purposes of adoption, or (3) the date of entry of an order granting the adoptive parent custody of a child for the purpose of adoption.

In determining the age of a Covered Child, it is assumed the Covered Child was born at 12:01 a.m. standard time on the date and at the place the Covered Child was born.

III. PAID-UP BENEFIT AT THE DEATH OF THE INSURED

A. PAID-UP BENEFIT
If the Insured dies while this Rider is in force, We will waive all future premiums for the insurance on the Covered Child. The waiver will apply until the insurance on the Covered Child expires or is converted.

B. OWNERSHIP OF PAID-UP INSURANCE
A Covered Child of legal age will be the Owner of the paid-up insurance on the Covered Child's life. If a Covered Child is not of legal age, the legal guardian of the Covered child will be the Owner of the paid-up insurance on the Covered Child.

C. SURRENDER VALUE OF THE PAID-UP INSURANCE
The surrender value of this paid-up insurance will be the net single premium used to purchase paid-up life insurance and is computed on the basis of the appropriate mortality tables within the Commissioners' 2001 Standard Ordinary Mortality Tables. This is computed assuming age last birthday and deaths occurring at the end of the Policy year. Interest is calculated using a rate less than or equal to the maximum required law.

IV. BENEFICIARY

The beneficiary provision under the Policy will not apply to this Rider unless the Owner stated otherwise. If no beneficiary is specifically designated for the Covered Child, the benefit at the death of a Covered Child will be paid as follows:

1. To the Insured, if the Insured is living at the time the Covered Child dies; or
2. To the estate of the Insured, if the Insured is not living at the time the Covered Child dies.

V. CONVERSION PRIVILEGE FOR INSURANCE ON THE COVERED CHILD

A. CONVERSION PRIVILEGE

The insurance on the life of a Covered Child may be converted to a new Policy on the Covered Child if an Application is received by Us:

1. On or 60 days prior to the 25th birthday of the Covered Child; or
2. Within 60 days after the date of the marriage of such Covered Child, provided the marriage is before the Covered Child's 25th birthday.

The amount of insurance under the new Policy shall not exceed five times the amount of insurance on the life of the Covered Child provided by this Rider. We will not require evidence that the Covered Child is insurable at the time of conversion. This Rider must be in force with no premium in default. The premium for the new Policy must be paid.

B. CONVERSION PRIVILEGE UPON DEATH OR ATTAINMENT OF AGE 65 OF PRIMARY INSURED

If this Rider terminates because the Policy terminates due to the death or attainment of age 65 by the Primary Insured, the insurance on the life of a Covered Child may be converted to a new Policy on the life of the Covered Child. The Application for Conversion must be made within 60 days of Policy termination. If the Covered Child is under age 15, an adult parent or legal guardian must sign the Application for Conversion.

During the 60 day period allowed for conversion, insurance will continue under this Rider until a new Policy is issued. We will not require evidence that the Covered Child is insurable at the time of conversion. The Amount of insurance shall not exceed the amount of insurance on the Covered Child under this Rider. The premium for the new Policy must be paid.

C. CHARACTERISTICS OF THE CONVERSION POLICY

The following provisions apply to the conversion Policy:

1. The new Policy will be a permanent plan as designated by Us on the date of issue of the conversion Policy;
2. The date of issue will be the date of conversion;
3. The premium rate will be Our rate on the date of conversion for the plan selected at the attained age, gender and class of the Covered Child; and
4. The suicide and/or contestability period will not start anew on the conversion Policy; however, a new suicide and contestable period will apply to new benefits not contained in the original Policy, or to any increase in benefits in the conversion Policy.
5. Benefit Riders may be added only with Our consent and subject to Our rules at the time the conversion Policy is issued.

VI. TERMINATION

Other than insurance on a Covered Child that is continued on the death of the Insured, coverage provided under this Rider will end on the occurrence of any of the following:

1. If the premium for this Rider is not paid before the end of the grace period stated in the Policy.
2. On the earlier of the Covered Child’s marriage or the Covered Child's 25th birthday.
3. On the Policy anniversary following the 65th birthday of the Insured.
4. The date the Policy to which this Rider is attached terminates through surrender, conversion, maturity or nonpayment of premium.

This Rider can be canceled at any time by the Owner, by writing to Us at Our Home Office.

VII. PREMIUM

The premium for this Rider is shown on the Policy Specifications page.

VIII. EFFECTIVE DATE

The issue date of this Rider is the Policy Date shown on the Policy Specifications page. If this Rider is added after the Policy Date, the Date of Issue will be shown on an endorsement.

IX. GENERAL PROVISIONS

A. SUICIDE
If a Covered Child commits suicide, while sane or insane, within two years from this Rider's effective date, Our liability will be limited to the premium paid for this Rider.

B. MISSTATEMENT OF AGE
If the age of a Covered child has been misstated, the benefits under this rider will be those which the premiums paid would have purchased for the correct age.

C. INCONTESTABILITY
We will not contest the validity of this Rider after it has been in force for two years from its Date of Issue, except in the case of Reinstatement. If this Rider is reinstated, it will be incontestable after it has been in force for two years from the approval date of reinstatement.

D. REINSTATEMENT
This Rider may be reinstated according to the terms of the Policy. Evidence of insurability satisfactory to Us may be required for each Covered Child.

E. CONTRACT PROVISIONS
The proceeds will be paid in one sum unless otherwise approved by Us. The settlement options of the Policy are not applicable to any amount payable under this Rider. This benefit does not change the loan or nonforfeiture value of the policy.

F. COMPUTATIONS OF VALUES
Values are computed on the basis of the appropriate mortality tables within the Commissioners' 2001 Standard Ordinary Mortality Tables. Values are computed assuming age last birthday and deaths occurring at the end of the Policy year. Interest is calculated at a rate less than or equal to the maximum required by law. Overall values are greater than or equal to the values required by law.

G. CONFORMITY WITH STATE STATUTES
On the date of issue of the Rider, if any provisions of this Rider are in conflict with the laws of the state in which You reside on that date, then those provisions are amended to conform to the minimum requirements of such laws.

H. INTERPRETATION
This Rider is part of the Policy to which it is attached. Unless stated otherwise, all provisions of the Policy also apply to this Rider. If there is a conflict between the terms of the Policy and the terms of this Rider, the Rider controls.

Central United Life Insurance Company has signed this Rider on the Date of Issue.

[Mary Lou Rainey
Secretary]

[Dan George
President]

CENTRAL UNITED LIFE INSURANCE COMPANY

A Stock Company

Administrative Office: [10700 Northwest Freeway
Houston, Texas 77092]
Customer Service: [800-669-9030]

ACCELERATED DEATH BENEFIT RIDER

When we use the term “We” or “Us” or “Our,” we mean Central United Life Insurance Company. When we use the term “You” or “Your,” we mean the Owner. When we use the term “Insured,” we mean the Insured named on the Policy Specifications page of the Policy. The Owner may or may not be the Insured. **Benefits paid under this rider may be taxable. If so, You or Your Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the effect of this benefit.**

I. BENEFIT

We will pay You the accelerated benefit equal to 50 percent of the death benefit as of the last policy anniversary if the Insured becomes terminally ill while the Policy and this Rider are in effect. The Accelerated Benefit is payable only once. Any benefit paid under this Rider will reduce the amount payable on death, surrender or maturity under the terms of the Policy to which this Rider is attached.

A. ACCELERATED BENEFIT

The Accelerated Benefit is administered as follows:

1. We will pay You an amount equal to 50 percent of the death benefit as of the last policy anniversary date. The Accelerated Benefit will be paid in one sum or any other manner approved by Us.
2. We will charge a one-time administration fee of $300 which will be deducted from this benefit payment.
3. The Accelerated Benefit is only payable once and this Rider will terminate upon payment of the Accelerated Benefit.
4. Payment of premium for the Policy and all other Riders must continue after termination of this Rider.

B. REQUIREMENTS FOR ACCELERATION

The payment of the Accelerated Benefit is subject to the following conditions:

1. We must be furnished satisfactory proof by a licensed physician that the insured's life expectancy is 12 months or less from the date acceleration is requested by You. This proof will include the certification of a licensed physician who is not You or the insured or a member of Your or the insured's immediate family. "Physician" means a licensed doctor of medicine or osteopathy and any licensed health care practitioner that state law requires be recognized as a physician.
2. We reserve the right to obtain a second medical opinion at Our expense.
3. The Policy must be in force other than under extended term or reduced paid up options.
4. The Policy must not be assigned, except to Us as security for a loan.
5. The payment of the Accelerated Benefit must be approved by any irrevocable beneficiary.
6. This Rider provides for the accelerated payment of the death benefit of an Insured's life insurance policy. This is not meant to cause You or an Insured to involuntarily access proceeds ultimately payable to the beneficiary. Therefore, You are not eligible for this benefit under the following circumstances:
    a. If You are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
    b. If You are required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

C. EFFECT ON THE POLICY OF PAYMENT OF THE ACCELERATED BENEFIT UNDER THIS RIDER

The Accelerated Benefit paid under the terms of this Rider is an advance of the policy's death proceeds, maturity proceeds or surrender proceeds. These benefits will be reduced by up to 50 percent upon payment of the Accelerated Benefit.

II. EXCEPTIONS

Benefits are not provided for the following:

1. Intentionally self-inflicted injuries or attempt at suicide. This provision does not apply if the Insured is a citizen of Missouri unless we can show that the Insured intended suicide when Application for this Rider was made.
2. Chronic alcoholism or addiction to any drug or narcotic (including an overdose) unless administered on the advice of a physician and taken according to the physician's instructions.
3. Injury or sickness caused by war or any act of war.

III. CLAIMS

CLAIM FORMS
When a notice of a claim is received, We will send You forms for filing proof of loss. If these forms are not given to You within 15 days of the date We receive notice of a claim, the proof of loss requirement can be met by You giving Us a written statement of the nature and extent of the loss within the time stated In the Proof of Loss provision.

PROOF OF LOSS
Written proof must be given to Us within 90 days after the claim forms are given to You. If it was not reasonably possible to give such proof within 90 days, the claim will not be reduced or denied for this reason If the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS
The Accelerated Benefit payable under this Rider will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS
All benefits under this Rider will be paid to You. Any benefits unpaid under this Rider and the Policy at the Insured's death will be paid to the beneficiary. Any payment made in good faith will fully discharge Us to the extent of the payment.

IV. TERMINATION

This Rider will terminate on the earliest of the following:

1. If the premium for this Rider or for the Policy to which it is attached is not paid before the end of the grace period stated in the Policy.
2. The date the insured dies.
3. The date the Policy matures.
4. The date the Accelerated Death Benefit is paid.

This Rider can be cancelled at any time by the Owner, by writing to Us at Our Administrative Office.

V. EFFECTIVE DATE

The issue date of this Rider is the Policy Date shown on the Policy Specifications page.

VI. GENERAL PROVISIONS

CONTRACT PROVISIONS
The settlement options of the Policy are not applicable to any amount payable under this Rider. This benefit does not change the loan or nonforfeiture value of the Policy.

CONFORMITY WITH STATE STATUTES
On the date of issue of the Rider, If any provisions of this Rider are in conflict with the laws of the state in which You reside on that date, then those provisions are amended to conform to the minimum requirements of such laws.

INTERPRETATION
This Rider is a part of the Policy to which it is attached. Unless stated otherwise, all provisions of the Policy also apply to this Rider. If there is a conflict between the terms of the Policy and the terms of this Rider, the Rider controls.

Central United Life Insurance Company has signed this Rider on the Date of Issue.

[Mary Lou Rainey
Secretary]

[Dan George
President]

CENTRAL UNITED LIFE INSURANCE COMPANY

A Stock Company

Administrative Office: [10700 Northwest Freeway
Houston, Texas 77092]
Customer Service: [800-669-9030]

UNEMPLOYMENT WAIVER OF PREMIUM RIDER

I. BENEFIT

During a period of unemployment of the primary Insured, the Company will credit to this policy an amount equal to the total monthly premiums for the policy as well as the monthly premiums for any attached riders beginning on the monthly premium due date next following ninety days of unemployment.

The Insured must have been employed for a minimum of 30 hours per week and been employed for at least six months prior to becoming unemployed. Satisfactory proof must be provided showing the Insured met the employment requirements. In addition, the Insured must provide proof from his/her state of residence indicating he/she was approved for and is receiving unemployment compensation.

The Company will not begin benefits until we have received written notification of the onset of unemployment and have received satisfactory proof of unemployment. The Company must receive written notification that the Insured is unemployed during the first 90 days of unemployment or as soon after as reasonably possible. The payment of premiums must continue until satisfactory proof is provided and the waiver of premium benefit has been approved by the Company.

II. BENEFIT PERIOD

The maximum benefit period for each period of unemployment is six months. At least six months must separate each period of unemployment. The maximum lifetime benefit is an accumulation of twelve months.

III. UNEMPLOYMENT

The insured is eligible for this benefit if:

1. The Insured is unemployed for a minimum of ninety consecutive days; and
2. The Insured has been paid unemployment compensation by his or her state of residence during the period of unemployment; and
3. The period of unemployment begins six months after the effective date of this rider.

IV. PROOF OF UNEMPLOYMENT

Unless it is not possible to send proof earlier, the Company must receive proof of unemployment:

1. Within one year after notice of unemployment; and
2. During the lifetime of the Insured; and
3. During the continuance of the unemployment.

V. TERMINATION OF BENEFITS

The Company will stop crediting the total monthly premium when:

1. The Insured is no longer unemployed; or
2. The rider has terminated; or
3. The maximum benefit period for the current period of unemployment has been reached.

VI. TERMINATION OF RIDER

This Rider ends:

1. If premiums for the Policy are not paid before the end of the grace period;
2. If the owner of the Policy files a written request to cancel this rider;
3. If the base Policy is in default or lapse;
4. If the insured dies;
5. If the insured attains age 65;
6. If the policy matures; or
7. If the maximum lifetime benefit is paid.

VII. GENERAL PROVISIONS

INTERPRETATION
This Rider is a part of the Policy to which it is attached. It is subject to the terms of the Policy. If there is a conflict between the terms of the Policy and the terms of this Rider, the Rider controls.

CONFORMITY WITH STATE STATUTES
On the effective date of this Rider, if any provisions of this Rider are in conflict with the laws of the state in which the Owner resides on that date, then those provisions are amended to conform to the minimum requirements of such laws.

Central United Life Insurance Company has signed this Rider on the Date of Issue.

[ ]

[Mary Lou Rainey
Secretary]

[Dan George
President]

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	11/02/2011

Comments:

Attachment:

Readability Certificate-CUL.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	11/02/2011

Comments:

Attachment:

CUL-IWL-APP-2011-1.pdf

		Item Status:	Status Date:
Satisfied - Item:	Life & Annuity - Acturial Memo	Approved	11/02/2011

Comments:

Attachments:

Act Memo Form CUL-IWL-CTR.pdf
Act Memp Form CUL-IWL-LBR.pdf
Act Memo From CUL-IWL-WP.pdf

		Item Status:	Status Date:
Satisfied - Item:	Disclosure Notice	Approved	11/02/2011

Comments:

Attachment:

CUL LBR DISC.pdf

	Item Status:	Status

SERFF Tracking Number:	*CEUL-127767594*	*State:*	*Arkansas*
Filing Company:	*Central United Life Insurance Company*	*State Tracking Number:*	*50109*
Company Tracking Number:	*CUL-IWL-CTR*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*IWL Riders*		
Project Name/Number:	*/*		

			Date:
Satisfied - Item:	Updated Policy Schedule	Approved	11/02/2011

Comments:

Attachment:

CUL-IWL-2011-PS 3.pdf

Readability Certification

Company Name: **Central United Life Insurance Company**
NAIC: **61883**

Form Number	Description of Form	Score
CUL-IWL APP-2011-1	Application	Scored with policy
CUL-IWL-CTR	Children's Term Rider	68.8
CUL-IWL-LBR	Accelerated Death Benefit Rider	68.1
CUL-IWL-WP	Waiver of Premium Rider	60.8

I hereby certify that the above referenced form complies with the readability requirements of this State.

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

October 26, 2011

Date

CENTRAL UNITED LIFE INSURANCE COMPANY

APPLICATION FOR LIFE INSURANCE

Please Print

1. PRIMARY APPLICANT/OWNER INFORMATION

Applicant first name middle initial last name	Social security number	❒ male ❒ female	Date of birth	Birth state

Address (street, city, state, zip)	Telephone number (home): (work):	Height	Weight

Name and address of employer	Occupation	Employee Number

Owner name and address (if different than applicant)	Relationship to applicant

2. DEPENDENT COVERAGE

Spouse Full Name	Social Security #	Date of Birth	Birth State	Height	Weight

Name of Child(ren) (if applying for Children's Policy or Term Rider)	Social Security #	Date of Birth	Height & weight	Name of Child(ren)	Social Security #	Date of Birth	Height & weight
1.				4.			
2.				5.			
3.				6.			

3. TOBACCO USE

Within the last 12 months, has any person to be insured used tobacco in any form (cigarettes, pipe, cigar, chewed, other)? ❒Yes ❒No
If "Yes," list name (s) _____

4. COVERAGE OPTIONS

Life Insurance Benefits	Modal Premium Amount	Initial Benefit Amount	Optional Riders Primary Ins. Only	Premiums
❒Primary	❒ Monthly Rates $_____	$_____	[❒ Accelerated Death Benefit]	[❒Continuous Pay ❒20 Year Pay]
❒Spouse	❒ Monthly Rates $_____	$_____	[❒ Premium Waiver]	**TOTAL PREMIUM** $_____
❒Child(ren's) Policy	❒ Monthly Rates $_____	[❒$10,000 ❒$20,000]	[❒ Child(ren's) Rider ($10,000)]	Proposed Effective Date _____ /_____/ _____

AUTOMATIC PREMIUM LOAN ❒Yes ❒No (The APL Option authorizes Central United Life (the "Company") to pay premiums not paid by the end of the grace period by taking a loan against any available Loan Value. If the available Loan Value is not sufficient to pay the premium then due, the policy may terminate.)

5. EXISTING INSURANCE REPLACEMENT

A. Do any of the applicants have any life insurance contracts in force including any they may currently have with us? . . . . . ❒ Yes ❒ No
If "Yes", then provide name of company, type of policy and face amount:_____
B. Is the policy being purchased replacing any existing life insurance policy? . . . . . ❒ Yes ❒ No
If "Yes", replacement forms may need to be completed.

6. BENEFICIARY DESIGNATION

_____ _____
Beneficiary – Full Name & Relationship Contingent Beneficiary – Full Name and Relationship
Note: If dependent coverage is applied for, the primary applicant will be the primary beneficiary for all covered dependents.

7. INTERIM COVERAGE

Is interim coverage being applied for? ❒ Yes ❒ No If "Yes," effective immediately, interim coverage will be provided as applied for either until the date the policy becomes effective, or until the owner is notified that no insurance policy will be issued. Interim coverage applies to the death benefit only. In no event will interim coverage be provided for more than 60 days from the date of this Application. Interim benefit will not exceed the Guaranteed to Issue Amount.

8. ANSWER THE FOLLOWING QUESITONS

A. 1. **Primary Applicant Only.** Are you actively at work now and have you worked at least 30 hours a week for the last 3 months except for minor illnesses of one week or less or pregnancy?. . .❒ Yes ❒ No
2. **Spouse/Child(ren) Only.** Has any illness, injury or other health problem prevented any proposed Insured from working full-time at a regular occupation or performing the normal activities of a person the same age? . . . . . ❒ Yes ❒ No

B. Has any person to be insured ever been treated for, diagnosed, or tested positive as having AIDS, ARC, or the HIV infliction? Primary: ❒Yes ❒No
Spouse: ❒Yes ❒No
Child(ren): ❒Yes ❒No

9. IF ANY QUESTION IS ANSWERED "YES," GIVE COMPLETE DETAILS BELOW

		Primary	Spouse/ Child(ren)
A.	Has any person proposed for coverage ever had symptoms of, been treated or advised to receive treatment for, been hospitalized for, had any investigation for, or been positively diagnosed as having any of the following:		
1.	any heart disease, heart surgery, heart attack, chest pain or angina, pacemaker implanted, heart rhythm. disorder, heart valve disease or surgery, blood vessel disease or surgery, stroke, Transient Ischemic Attack, blood clots, or high blood pressure?. . . .	❒ Yes ❒ No	❒ Yes ❒ No
2.	any Internal cancer, melanoma, leukemia, or lymphoma?.	❒ Yes ❒ No	❒ Yes ❒ No
3.	emphysema, chronic bronchitis, tuberculosis, sleep apnea, asthma or lung disorders causing a decrease in normal activity?. . . .	❒ Yes ❒ No	❒ Yes ❒ No
4.	abnormal bleeding including that of the intestinal or urinary tract, anemia, kidney disease or renal failure, liver disease, hepatitis, pancreatic disease, or diabetes other than gestational diabetes?.	❒ Yes ❒ No	❒ Yes ❒ No
5.	systematic diseases including but not limited to lupus, Multiple Sclerosis, Parkinson's disease, sarcoidosis, paralysis, rheumatoid arthritis, autoimmune or connective tissue disease or disorder?.	❒ Yes ❒ No	❒ Yes ❒ No
6.	mental illness, including depression or anxiety requiring inpatient treatment or hospitalization, bipolar disorder, or history of suicide attempt?	❒ Yes ❒ No	❒ Yes ❒ No
7.	received or had treatment for drug or alcohol abuse or have used illegal drugs within the last 5 years?.	❒ Yes ❒ No	❒ Yes ❒ No
8.	been advised to have any surgery, hospitalization, or diagnostic tests which have not been completed or results have not yet been received?	❒ Yes ❒ No	❒ Yes ❒ No
B.	Have you ever applied for a life insurance policy which was declined?	❒ Yes ❒ No	❒ Yes ❒ No

Question #	Person to Whom It Applies	Names and Address of Physicians	Details of "Yes" answer including date & treatment received

Additional Information

10. APPLICATION CONSENT

I have read, or had read to me, the above questions and my answers to them. To the best of my knowledge and belief, my answers are complete, true and correct. **I UNDERSTAND** the Central United Life Insurance Company (CUL), its reinsurers, insurance support organizations, and their authorized representatives, may obtain medical and other information in order to evaluate my Application for insurance. Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, MIB, Inc., my employer and consumer reporting agency or insurance company who possesses information of care, treatment or advice of me, may furnish such information to CUL or its reinsurers upon presenting this authorization or a photocopy. This information will not be released to others except as allowed by law or as I further authorize**. I UNDERSTAND** this authorization includes information about drugs, alcoholism or mental illness. CUL or its reinsurers may make a brief report regarding me to other companies to which I have applied or may apply. **I UNDERSTAND** that the insurance will become effective on the date the Application is approved by CUL or the date elected in section 4. I have read the signature information and understand that my personal representative or I may receive a copy. This authorization will be valid from the date signed for a period of two years. **I AGREE** that a photographic copy of this Authorization shall be as valid as the original, and that this Authorization shall be valid for two years from the date shown below and maybe revoked at anytime. Revocation of the authorization must be submitted in writing**. I AGREE** that all answers given in this application are complete and true to the best of my knowledge and belief. **I ACKNOWLEDGE** receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.
AGREEMENT: No insurance will take effect unless and until: the policy is issued and delivered to the owner(s), the first premium has been paid to and accepted by CUL, and there has been no change in the insurability of the Proposed Insured since the date of this application. If this application is declined, any premiums received by CUL will be refunded. No Agent or Broker is authorized to make or modify any policy or waive any of CUL's rights or requirements or waive the answer to any question in the Application.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a criminal offense under state law.

Dated at _____this _____day of _____, _____
City and State

_____ _____
Primary Applicant's Signature Spouse's Signature (if applying for coverage)

_____ _____
Owner's Signature (if other than Primary Applicant) Owner's Signature (if other than Spouse)

11. AGENT CERTIFICATION

To the best of your knowledge, will the insurance applied for replace existing annuity or life insurance in any company(s)?
❒ Yes ❒ No If a replacement(s), and if state regulations require it, have you performed the following:
a. Given Notice to Applicant Regarding Replacement of Life Insurance? . . . . ❒ Yes ❒ No
b. Completed all replacements forms, if required in your state? . . . . . ❒ Yes ❒ No
c. Have you complied with state regulations on disclosure? . . . . . ❒ Yes ❒ No
All information recorded by me on this application is true and accurate to the best of my knowledge.

_____ _____
Agent Signature (witness) Agent Number

Application Split
Agent No./Name/Case%

_____
_____
_____
Special Request:

Notice of Information Practices Including Fair Credit Reporting Act Notice and MIB, Inc. Notice: Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Administrative Office at the above address. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We will not disclose information about you without your prior written authorization except as permitted by law. In certain situations we may disclose, as allowed by law, all types of nonpublic personal information as is necessary in order to conduct our business. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Administrative Office at the address on the front of this Notice.

MIB, Inc. Notice: While the information regarding your insurability is treated as confidential, The Manhattan Life Insurance Company or its reinsurers may make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, The MIB, upon request from that member company, will supply the information in its file. Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642 for hearing impaired). If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112. We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

To obtain further information contact: Central United Life Insurance Company [10700 Northwest Freeway, Houston TX 77092]

Central United Life Insurance Company

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
Customer Service: [1-888-669-9030]

DISCLOSURE NOTICE
Accelerated Death Benefit Rider

BENEFIT
We will pay You the accelerated benefit up to 50% of the death benefit as of the last policy anniversary if the Insured becomes terminally ill while the Policy and this Rider are in effect. Terminally ill means an Insured's life expectancy, as determined by a physician, is 12 months or less from the date acceleration is requested.

CONSEQUENCES OF RECEIVING ACCELERATED DEATH BENEFIT
Benefits paid under this rider may be taxable and You or Your Beneficiary may incur a tax obligation. Benefits paid may also be subject to creditors or affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security income (SSI) and drug assistance programs. As with all tax matters, a personal tax advisor should be consulted to assess the effect of this benefit.

EFFECT OF AN ACCELERATED BENEFIT
The Accelerated Benefit paid under the terms of the Rider is an advance of the policy's death proceeds, maturity proceeds or surrender proceeds. These benefits will be reduced by up to 50% upon payment of the Accelerated Benefit. When you elect to receive payment of an accelerated benefit under this Rider, it will be treated as a lien against the Policy to which the Rider is attached. Premiums, without reduction, will still be payable on the Policy, including any premiums for riders.

Any irrevocable beneficiaries or assignees must send us written consent to the accelerated benefit payment. The written consent must be in a form satisfactory to us.

ADMINSTRATIVE FEE
We will charge an administrative fee of $300 (5% of the accelerated benefit, up to $250 in Alabama) which will be deducted from the accelerated benefit payment.

I acknowledge that I have received and read the disclosure notice which was furnished to me prior to signing the application for insurance.

_____ _____
Signature of Proposed Insured/Owner Date

_____ _____
Agent Date

POLICY SPECIFICATIONS

Form	Benefits Provided	Modal Premium/Mode	Premium Paying Period
CUL-IWL-2011	WHOLE LIFE INSURANCE	[$ XXXX.XX]	[20 Pay]

Owner: [JOHN DOE] **Policy Date:** [JANUARY 1, 2011]

Issue Age: [35] **Policy Number:** [123456789] **Annual Policy Fee:** [$60.00**]**

Premium Class: [STANDARD] **Underwriting Class:** [NON-SMOKER]

Annual	Semi-Annual	Quarterly	Monthly
[$ XXXX.XX]	[$ XXXX.XX]	[$ XXXX.XX]	[$ XXXX.XX]

THIS POLICY

INSURES:
[JOHN DOE]

INITIAL DEATH BENEFIT:
[$20,000]

ULTIMATE FACE
(Policy Years 33 and Beyond):
[$40,340]

OPTIONAL RIDERS

RIDER NAME:	INSURES:	BENEFIT AMOUNT:
[Accelerated Death Benefit Rider]	[John Doe]	See Rider
[Unemployment Waiver of Premium Rider]	[John Doe]	See Rider
[Term Insurance Rider for Children]	[Child(ren]s Name(s)]	[$XXX.XX]

BENEFICIARY: As specified in the Application unless changed as provided in this Policy.